

**State:** Arkansas  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/  
**Filing Company:** State Farm Mutual Automobile Insurance Company

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company  
Product Name: Hospital Income  
State: Arkansas  
TOI: H14I Individual Health - Hospital Indemnity  
Sub-TOI: H14I.000 Health - Hospital Indemnity  
Filing Type: Rate  
Date Submitted: 11/08/2012  
SERFF Tr Num: STLH-128741788  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 2013 AR HI DJ  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Barb Baxter, Samantha Knackmuhs, Shirley Young, Chris Nienart  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 11/28/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
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**Project Name/Number:** 2013 AR HI DJ/

**Filing Company:** State Farm Mutual Automobile Insurance Company

## General Information

Project Name: 2013 AR HI DJ

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 6%

Deemer Date:

Submitted By: Shirley Young

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/28/2012

State Status Changed: 11/28/2012

Created By: Shirley Young

Corresponding Filing Tracking Number:

Filing Description:

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following revised rates for your consideration and approval.

These rates represent a rate table increase of 6.0% over the current rates. Contingent upon approval, these rates will become effective 1/1/2013, or as soon thereafter as possible.

The following are included with this filing:

- An actuarial memorandum including an actuarial certification
- Revised rate tables
- Experience Exhibit

Sincerely,

Chris Nienart

Actuarial Analyst I

Phone: 309.994-6457

Fax: 309.766.1827

Email: chris.nienart.te2u@statefarm.com

## Company and Contact

### Filing Contact Information

Chris Nienart, Actuarial Analyst Trainee

One State Farm Plaza

Bloomington, IL 61710

Chris.Nienart.TE2U@statefarm.com

309-994-6457 [Phone]

309-766-1827 [FAX]

**State:** Arkansas  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/

**Filing Company Information**

State Farm Mutual Automobile  
Insurance Company  
One State Farm Plaza  
Life/Health Actuarial, B-1  
Bloomington, IL 61710  
(309) 766-5188 ext. [Phone]

CoCode: 25178  
Group Code:  
Group Name:  
FEIN Number: 37-0533100

State of Domicile: Illinois  
Company Type:  
State ID Number:

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1x50.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
State Farm Mutual Automobile Insurance Company	\$50.00	11/08/2012	64694574

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Hospital Income		
<b>Project Name/Number:</b>	2013 AR HI DJ/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/28/2012	11/28/2012

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/14/2012	11/14/2012

### Response Letters

Responded By	Created On	Date Submitted
Chris Nienart	11/19/2012	11/19/2012

## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Hospital Income	Shirley Young	11/27/2012	11/27/2012
Supporting Document	Health - Actuarial Justification	Shirley Young	11/27/2012	11/27/2012
Supporting Document	Cover Letter	Shirley Young	11/27/2012	11/27/2012

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised percentage of rate increase	Note To Filer	Rosalind Minor	11/27/2012	11/27/2012
Revised Rates	Note To Filer	Rosalind Minor	11/21/2012	11/21/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Hospital Income		
<b>Project Name/Number:</b>	2013 AR HI DJ/		

## Disposition

Disposition Date: 11/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 3% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increase will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than one in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	3.000%	3.000%	\$19,012	3,144	\$633,718	3.000%	3.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Experience Exhibit	Approved-Closed	No
Supporting Document (revised)	Cover Letter	Approved-Closed	Yes
Supporting Document	Cover Letter	Replaced	Yes
Rate	Hospital Income	Approved-Closed	Yes
Rate	Hospital Income	Replaced	Yes

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**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/14/2012
Submitted Date	11/14/2012
Respond By Date	

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Dear Chris Nienart,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

- Health - Actuarial Justification (Supporting Document)
- Experience Exhibit (Supporting Document)

Comments:

*I have discussed the 6% rate increase with my Director, Dan Honey.*

*Based on the loss ratio continuing to be low, we will consider no more than a 3% increase on this block of business. If you wish to accept the 3%, please submit a new set of rates reflecting the 3%.*

*Thank you for your understanding and cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

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**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2012
Submitted Date	11/19/2012

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Dear Rosalind Minor,

### **Introduction:**

### **Response 1**

#### **Comments:**

Thank for reviewing the filing and permitting a 3% increase on this product. We will refile the rates reflecting the 3% change.

### **Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Experience Exhibit (Supporting Document)

Comments:

I have discussed the 6% rate increase with my Director, Dan Honey.

Based on the loss ratio continuing to be low, we will consider no more than a 3% increase on this block of business. If you wish to accept the 3%, please submit a new set of rates reflecting the 3%.

Thank you for your understanding and cooperation.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Sincerely,  
Chris Nienart

State:	Arkansas	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
Product Name:	Hospital Income		
Project Name/Number:	2013 AR HI DJ/		

## Amendment Letter

Submitted Date: 11/27/2012

Comments:

Revised documents are attached for the new rates percentage. (3.0%)

Changed Items:

*No Form Schedule Items Changed.*

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Hospital Income	97024, 97024RL	Revised	Previous State Filing Number:  Percent Rate Change Request: 6	2013 AR Rate Table E65.pdf, 2013 AR Rate Table G65.pdf,	11/27/2012 By:
<i>Previous Version</i>						
1	Hospital Income	97024, 97024RL	Revised	Previous State Filing Number:  Percent Rate Change Request: 6	2013 Arkansas (DJ) E65..pdf, 2013 Arkansas (DJ) G65.pdf,	11/08/2012 By: Shirley Young



<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Hospital Income		
<b>Project Name/Number:</b>	2013 AR HI DJ/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Health - Actuarial Justification
Comments:	
Attachment(s):	
2013 AR Actuarial Memorandum.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Health - Actuarial Justification</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>2013 DJ Actuarial Memorandum.pdf</i>	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	
2013 AR Cover Letter.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Cover Letter</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>2013 DJ Cover Letter.pdf</i>	

**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/

## Note To Filer

**Created By:**

Rosalind Minor on 11/27/2012 01:14 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

11/28/2012 08:49 AM

**Subject:**

Revised percentage of rate increase

**Comments:**

Thank you for send the revised rates which reflect a 3% increase.

In my objection letter, I forgot to request that you send a post submission update changing the percentage of rate increase from 6% to 3% under the Rate/Rule Schedule.

As soon as I receive the post submission update, I will be able to approve the filing. Thank you.

**State:** Arkansas**Filing Company:** State Farm Mutual Automobile Insurance Company**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity**Product Name:** Hospital Income**Project Name/Number:** 2013 AR HI DJ/

## Note To Filer

**Created By:**

Rosalind Minor on 11/21/2012 09:25 AM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

11/28/2012 08:49 AM

**Subject:**

Revised Rates

**Comments:**

Just a reminder that we are waiting for you to file the revised rates, reflecting a 3% rate increase.

Have a Very Happy and Blessed Thanksgiving.

**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Hospital Income  
**Project Name/Number:** 2013 AR HI DJ/

## Post Submission Update Request Processed On 11/28/2012

Status: Allowed  
Created By: Shirley Young  
Processed By: Rosalind Minor  
Comments:

### Company Rate Information:

Company Name: State Farm Mutual Automobile Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	3.000%	6.000%
Overall % Rate Impact	3.000%	6.000%
Written Premium Change for this Program	\$19012	\$38023
Maximum %Change (where required)	3.000%	6.000%
Minimum %Change (where required)	3.000%	6.000%

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Hospital Income		
<b>Project Name/Number:</b>	2013 AR HI DJ/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	N/A

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	3.000%	3.000%	\$19,012	3,144	\$633,718	3.000%	3.000%

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Hospital Income		
<b>Project Name/Number:</b>	2013 AR HI DJ/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1	Approved-Closed 11/28/2012	Hospital Income	97024, 97024RL	Revised	Previous State Filing Number:		2013 AR Rate Table E65.pdf
					Percent Rate Change Request:	6.000	2013 AR Rate Table G65.pdf

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois

Hospital Income Policy - Form **97024**

Annual Step Rate Premiums  
Proposed effective date - 01/01/2013

Includes Hospital Income Benefit, Intensive Care Benefit, Emergency Accident Expense Benefit, and Extended Care Benefit.

**Individual Male**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	33.90	35.10	36.40	40.90	47.50	55.90	66.10	76.80	97.20
30	48.80	50.80	52.50	59.30	69.20	82.00	97.20	113.40	144.00
40	63.90	66.30	68.70	77.80	90.90	107.90	128.10	149.80	190.70
50	78.90	82.00	85.00	96.20	112.70	134.00	159.20	186.30	237.30

**Individual Female**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	37.60	44.30	49.30	54.60	58.50	61.40	66.10	76.80	97.20
30	54.30	64.50	72.10	79.70	85.80	90.10	97.20	113.40	144.00
40	71.10	84.70	94.80	105.00	113.00	118.90	128.10	149.80	190.70
50	87.90	104.80	117.40	130.30	140.40	147.60	159.20	186.30	237.30

**Husband and Wife**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	71.50	79.40	85.70	95.50	106.00	117.30	132.30	153.70	194.50
30	103.10	115.30	124.60	139.10	155.00	172.10	194.50	226.80	288.00
40	134.90	151.00	163.50	182.70	203.90	226.80	256.30	299.50	381.30
50	166.80	186.70	202.40	226.50	253.10	281.60	318.50	372.70	474.60

**Child**

Daily Benefit	-----Number of Children Insured-----		
	<u>1</u>	<u>2</u>	<u>3</u>
\$20	23.90	47.80	71.70
30	32.90	65.80	98.70
40	41.20	82.40	123.60
50	49.50	99.00	148.50

Child's Daily Benefit must equal Insured's Daily Benefit.

Modes other than Annual:

Semiannual Mode: 51% of Annual  
Quarterly Mode: 26% of Annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois

Hospital Income Policy - Form **97024RL**

Annual Step Rate Premiums  
Proposed effective date - 01/01/2013

Includes Hospital Income Benefit, Intensive Care Benefit, Emergency Accident Expense Benefit, Extended Care Benefit, and  
Outpatient Surgical Expense Benefit

<u>Attained Age</u>	<u>\$30 Hospital Income Benefit</u>		<u>Addition to Gross Premium Per Hospital Income Benefit</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
16-29	39.90	44.10	11.90	13.50
30-34	41.50	52.20	12.50	16.20
35-39	42.80	58.50	13.00	18.10
40-44	48.30	64.70	14.70	20.20
45-49	56.10	69.40	17.40	21.80
50-54	66.20	72.80	20.80	23.10
55-59	78.60	78.60	24.80	24.80
60-64	91.50	91.50	29.10	29.10
65+*	116.10	116.10	37.30	37.30

\* Renewals only

Children  
Number Insured

1	27.80	55.60	6.70	8.70
2	55.60	111.20	13.40	17.40
3 or more	83.40	166.80	20.10	26.10

Modes other than Annual:

Semiannual Mode: 51% of Annual  
Quareterly Mode: 26% of Annual

Arkansas Table - G65



<b>SERFF Tracking #:</b>	STLH-128741788	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2013 AR HI DJ
<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Hospital Income				
<b>Project Name/Number:</b>	2013 AR HI DJ/				

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	11/28/2012
Comments:			
Attachment(s):			
2013 AR Cover Letter.pdf			

State Farm  
Corporate Headquarters  
1 State Farm Plaza  
Bloomington, IL 61710-0001

November 27, 2012

Arkansas Insurance Department  
Life and Health Division  
1200 W 3rd St  
Little Rock, AR 72201-1904

Re: State Farm Mutual Automobile Insurance Company, NAIC# 176-25178  
Rate Filing for Hospital Income Policy Form 97024 and 97024R  
FEIN: 37-05-33100

Dear Sir or Madam:

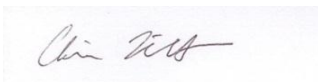
On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following revised rates for your consideration and approval.

This filing represents a 3.0% rate increase. Contingent upon approval, these rates will become effective 5/1/2013, or as soon thereafter as possible.

The following are included with this filing:

- An actuarial memorandum including an actuarial certification
- Revised rate tables
- Experience Exhibit

Sincerely,



Chris Nienart  
Actuarial Analyst I  
Phone: 309.994.6457  
Fax: 309.766.1827  
Email: [chris.nienart.te2u@statefarm.com](mailto:chris.nienart.te2u@statefarm.com)

SERFF Tracking #:

STLH-128741788

State Tracking #:

Company Tracking #:

2013 AR HI DJ

State: Arkansas

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: Hospital Income

Project Name/Number: 2013 AR HI DJ/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/24/2012	Replaced 11/28/2012	Supporting Document	Cover Letter	11/27/2012	2013 DJ Cover Letter.pdf (Superceded)
10/24/2012	Replaced 11/28/2012	Rate	Hospital Income	11/27/2012	2013 Arkansas (DJ) E65..pdf (Superceded) 2013 Arkansas (DJ) G65.pdf (Superceded)

State Farm  
Corporate Headquarters  
1 State Farm Plaza  
Bloomington, IL 61710-0001

October 15, 2012

Arkansas Insurance Department  
Life and Health Division  
1200 W 3rd St  
Little Rock, AR 72201-1904

Re: State Farm Mutual Automobile Insurance Company, NAIC# 176-25178  
Rate Filing for Hospital Income Policy Form 97024 Series  
FEIN: 37-05-33100

Dear Sir or Madam:

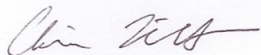
On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following revised rates for your consideration and approval.

These rates represent a rate table increase of 6.0% over the current rates. Contingent upon approval, these rates will become effective 1/1/2013, or as soon thereafter as possible.

The following are included with this filing:

- An actuarial memorandum including an actuarial certification
- Revised rate tables
- Experience Exhibit

Sincerely,



Chris Nienart  
Actuarial Analyst I  
Phone: 309.994-6457  
Fax: 309.766.1827  
Email: [chris.nienart.te2u@statefarm.com](mailto:chris.nienart.te2u@statefarm.com)

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois

Hospital Income Policy - Form **97024**

Annual Step Rate Premiums  
Proposed effective date - 01/01/2013

Includes Hospital Income Benefit, Intensive Care Benefit, Emergency Accident Expense Benefit, and Extended Care Benefit.

**Individual Male**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	34.90	36.10	37.40	42.10	48.90	57.60	68.10	79.10	100.10
30	50.20	52.30	54.10	61.10	71.20	84.40	100.10	116.70	148.20
40	65.70	68.30	70.70	80.00	93.60	111.10	131.90	154.10	196.20
50	81.20	84.40	87.50	99.00	116.00	137.90	163.90	191.80	244.20

**Individual Female**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	38.70	45.60	50.80	56.20	60.20	63.20	68.10	79.10	100.10
30	55.90	66.40	74.20	82.00	88.30	92.80	100.10	116.70	148.20
40	73.10	87.10	97.50	108.00	116.30	122.30	131.90	154.10	196.20
50	90.40	107.80	120.80	134.10	144.50	151.90	163.90	191.80	244.20

**Husband and Wife**

Daily Benefit	-----Attained Age-----								
	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
\$20	73.60	81.70	88.20	98.30	109.10	120.70	136.10	158.20	200.10
30	106.10	118.60	128.30	143.10	159.50	177.10	200.10	233.40	296.40
40	138.90	155.40	168.20	188.00	209.90	233.40	263.70	308.20	392.40
50	171.60	192.20	208.30	233.10	260.40	289.80	327.80	383.50	488.40

**Child**

Daily Benefit	-----Number of Children Insured-----		
	<u>1</u>	<u>2</u>	<u>3</u>
\$20	24.60	49.20	73.80
30	33.80	67.60	101.40
40	42.40	84.80	127.20
50	51.00	102.00	153.00

Child's Daily Benefit must equal Insured's Daily Benefit.

Modes other than Annual:

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois

Hospital Income Policy - Form **97024RL**

Annual Step Rate Premiums  
Proposed effective date - 01/01/2013

Includes Hospital Income Benefit, Intensive Care Benefit, Emergency Accident Expense Benefit, Extended Care Benefit, and  
Outpatient Surgical Expense Benefit

<u>Attained Age</u>	<u>\$30 Hospital Income Benefit</u>		<u>Addition to Gross Premium Per Hospital Income Benefit</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
16-29	41.00	45.40	12.30	13.90
30-34	42.70	53.70	12.80	16.60
35-39	44.10	60.20	13.40	18.70
40-44	49.70	66.60	15.20	20.80
45-49	57.80	71.40	17.90	22.50
50-54	68.20	74.90	21.40	23.70
55-59	80.90	80.90	25.50	25.50
60-64	94.10	94.10	30.00	30.00
65+*	119.50	119.50	38.40	38.40

\* Renewals only

Children  
Number Insured

1	28.60	57.20	6.90	8.90
2	57.20	114.40	13.80	17.80
3 or more	85.80	171.60	20.70	26.70

Modes other than Annual:

Semiannual Mode: 51% of Annual  
Quareterly Mode: 26% of Annual